

**AFTER SCHOOL CARE SNACK PROGRAM
SITE REVIEW**

Exhibit I

NOTE: To be completed twice per year. Once during the first four weeks of operation, and one other time during the school year.

Sponsor: _____

Site Contact: _____
Name and Title

Site Address: _____

Date of Review: _____ **Today's attendance:** _____

Average Daily Participation: _____

Total # of snacks served _____

Yes No N/A Explain any "NO" answers below

- | | | | |
|-------|-------|-------|-----------------------------------------------------------------------------------------------------------------------|
| _____ | _____ | _____ | 1. For sites with greater than 50% NSLP free/reduced applications is there a head count of children receiving snacks? |
| _____ | _____ | _____ | 2. For sites with fewer than 50% NSLP free/reduced applications is there an accurate point of service? |
| _____ | _____ | _____ | 3. Do the snacks meet the meal pattern requirements? |
| _____ | _____ | _____ | 4. Are no more than two desserts offered per week? |
| _____ | _____ | _____ | 5. Are food production records maintained? |
| _____ | _____ | _____ | 6. Do the portion sizes meet the meal pattern requirements? |
| _____ | _____ | _____ | 7. Are only snacks that contain the required number of components recorded for reimbursement? |
| _____ | _____ | _____ | 8. Is no more than one snack per child/day counted and claimed? |
| _____ | _____ | _____ | 9. Are sanitary procedures used in handling food? |
| _____ | _____ | _____ | 10. Has staff training on proper food handling procedures been provided? |

